

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Hospital Association PAC

ADDRESS (number and street)

800 Tenth Street, NW

Two CityCenter, Suite 400

☐ Check if different than previously reported. (ACC)

Washington

DC

20001-4956

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00106146

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☒ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
08 01 2014

through

M M M / D D D / Y Y Y Y Y Y
08 31 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Melinda Hatton

Signature of Treasurer

Ms. Melinda Hatton

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
09 19 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y 08 / 01 / 2014 To: M M / D D / Y Y Y Y Y 08 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		3126501.95
(b) Cash on Hand at Beginning of Reporting Period.....	2653385.69	
(c) Total Receipts (from Line 19)	122721.96	1399083.82
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2776107.65	4525585.77
7. Total Disbursements (from Line 31)	54662.74	1804140.86
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2721444.91	2721444.91
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	4

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	58622.57	600945.65
(ii) Unitemized	35891.96	214234.51
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	94514.53	815180.16
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	94514.53	820180.16
12. Transfers From Affiliated/Other Party Committees.....	25000.00	573950.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	2975.00	2975.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	232.43	1978.66
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	122721.96	1399083.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	122721.96	1399083.82

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	154.14	3127.95
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	154.14	3127.95
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	42500.00	665600.00
24. Independent Expenditures (use Schedule E)	12008.60	1133912.91
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	1500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	1500.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	54662.74	1804140.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	54662.74	1804140.86

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	94514.53	820180.16
34. Total Contribution Refunds (from Line 28(d))	0.00	1500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	94514.53	818680.16
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	154.14	3127.95
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	154.14	3127.95

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Ryan K Smith

Mailing Address PO Box 438

City

Douglas

State

WY

Zip Code

82633-0438

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memorial Hospital of Converse County

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 07 / 2014

Transaction ID : 21944931

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. David Cheney

Mailing Address P O Box 1690

City

Sun City

State

AZ

Zip Code

85372-1690

FEC ID number of contributing
federal political committee.

C

Name of Employer

Banner Boswell Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 13 / 2014

Transaction ID : 21944932

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Ms. Rachael S. Wong

Mailing Address 707 Richards Street, PH2

City

Honolulu

State

HI

Zip Code

96813-4613

FEC ID number of contributing
federal political committee.

C

Name of Employer

Healthcare Association of Hawaii

Occupation

Vice President and COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

08 / 13 / 2014

Transaction ID : 21944933

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

975.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Stephen M. Ahnen

Mailing Address 125 Airport Road

City

Concord

State

NH

Zip Code

03301-7300

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

728.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 13 / 2014

Transaction ID : 21944957

Amount of Each Receipt this Period

45.50

Full Name (Last, First, Middle Initial)

B. Ms. Paula Minnehan

Mailing Address 283 Gallopiny Hill Road

City

Hopkinton

State

NH

Zip Code

03229-3402

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

V.P., Finance and Rural Hospitals

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.20

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 13 / 2014

Transaction ID : 21944958

Amount of Each Receipt this Period

16.70

Full Name (Last, First, Middle Initial)

C. Mr. Jeffrey M Fried FACHE

Mailing Address 17 Patriots Way

City

Rehoboth Beach

State

DE

Zip Code

19971-1057

FEC ID number of contributing
federal political committee.

C

Name of Employer

Beebe Healthcare

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 13 / 2014

Transaction ID : 21945048

Amount of Each Receipt this Period

575.00

SUBTOTAL of Receipts This Page (optional)..... ►

637.20

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 8 OF 104

(check only one)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Robert J Laskowski MD, MBA

Mailing Address P O Box 1668

City

Wilmington

State

DE

Zip Code

19899-1668

FEC ID number of contributing
federal political committee.

C

Name of Employer

Christiana Care Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 13 / 2014

Transaction ID : 21945052

Amount of Each Receipt this Period

550.00

Full Name (Last, First, Middle Initial)

B. Ms. Stacy Barstad

Mailing Address 251 Fifth Street East

City

Tracy

State

MN

Zip Code

56175-1536

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sanford Westbrook Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.50

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 13 / 2014

Transaction ID : 21945053

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Mr. Larry Gray

Mailing Address 1740 Nicholasville Road

City

Lexington

State

KY

Zip Code

40503-1499

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baptist Health Corbin

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 13 / 2014

Transaction ID : 21945859

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1100.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Col Jerome Penner

Mailing Address 803 Poplar Street

City State Zip Code
Murray KY 42071-2432

FEC ID number of contributing federal political committee.

C

Name of Employer
Murray-Calloway County Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 13 / 2014

Transaction ID : 21945860

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Nina W Eisner

Mailing Address 3050 Rio Dosa Drive

City State Zip Code
Lexington KY 40509-9990

FEC ID number of contributing federal political committee.

C

Name of Employer
Ridge Behavioral Health System

Occupation
Chief Executive Officer and Managing D

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 13 / 2014

Transaction ID : 21945862

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Carl G Herde

Mailing Address 4007 Kresge Way

City State Zip Code
Louisville KY 40207-4677

FEC ID number of contributing federal political committee.

C

Name of Employer

Baptist Health

Occupation
Vice President and Chief Financial Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 13 / 2014

Transaction ID : 21945863

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Jon Ness

Mailing Address 1682 Tullis Drive

City State Zip Code
Coeur D Alene ID 83815-8481

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kootenai Health

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 07 / 2014

Transaction ID : 21947061

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Steven A Millard

Mailing Address 2268 E Shalimar Dr

City State Zip Code
Eagle ID 83616-6608

FEC ID number of contributing
federal political committee.

C

Name of Employer

Idaho Hospital Association

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 07 / 2014

Transaction ID : 21947062

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Sally E Jeffcoat

Mailing Address 2126 W Falcon Point Ct

City State Zip Code
Boise ID 83703-4298

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saint Alphonsus Regional Medical Cente

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 07 / 2014

Transaction ID : 21947063

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Gary Fletcher

Mailing Address 190 East Bannock Street

City State Zip Code
Boise ID 83712-6241

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
St. Luke's Health System Chief Operating Officer

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 07 2014

Transaction ID : 21947064

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. James L Angle FACHE

Mailing Address P O Box 5596

City State Zip Code
Twin Falls ID 83303-5596

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
St. Luke's Magic Valley Medical Center Regional Chief Executive Officer

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 07 2014

Transaction ID : 21947065

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Rod Barton

Mailing Address 1501 Hiland Avenue

City State Zip Code
Burley ID 83318-2682

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Cassia Regional Medical Center Administrator

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 07 2014

Transaction ID : 21947066

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Sheryl Rickard

Mailing Address Box 1448

City
Sandpoint

State Zip Code
ID 83864-0877

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bonner General Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 07 / 2014

Transaction ID : 21947067

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Barbara Wells

Mailing Address 700 South Main Street

City
Moscow

State Zip Code
ID 83843-3056

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gritman Medical Center

Occupation
Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 07 / 2014

Transaction ID : 21947068

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. B J Swanson

Mailing Address 1121 Lamb Road

City
Troy

State Zip Code
ID 83871-9619

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gritman Medical Center

Occupation
Board Chair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 07 / 2014

Transaction ID : 21947071

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Toni Lawson

Mailing Address 5023 Rivervista Way

City

Boise

State

ID

Zip Code

83714-1979

FEC ID number of contributing
federal political committee.

C

Name of Employer

Idaho Hospital Association

Occupation

Vice President, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2014

Transaction ID : 21947072

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Mary C. Becker

Mailing Address 7800 South Eagle Road

City

Columbia

State

MO

Zip Code

65203-9017

FEC ID number of contributing
federal political committee.

C

Name of Employer

Missouri Hospital Association

Occupation

Senior VP, Commc. & Health Improvement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.28

Date of Receipt

08 / 07 / 2014

Transaction ID : 21947079

Amount of Each Receipt this Period

46.88

Full Name (Last, First, Middle Initial)

C. Mr. Herb B. Kuhn

Mailing Address 5310 Saddlebrooke Lane

City

Lohman

State

MO

Zip Code

65053-9353

FEC ID number of contributing
federal political committee.

C

Name of Employer

Missouri Hospital Association

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 07 / 2014

Transaction ID : 21947089

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

421.88

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Daniel R. Landon

Mailing Address 1811 Forest Park Court

City

Jefferson City

State

MO

Zip Code

65109-9782

FEC ID number of contributing
federal political committee.

C

Name of Employer

Missouri Hospital Association

Occupation

Sr. Vice President, Governmental Relat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 07 / 2014

Transaction ID : 21947090

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Ms. Leslie Porth

Mailing Address P.O. Box 1816

City

Lake Ozark

State

MO

Zip Code

65049-1816

FEC ID number of contributing
federal political committee.

C

Name of Employer

Missouri Hospital Association

Occupation

Vice President of Health Improvement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.90

Date of Receipt

08 / 07 / 2014

Transaction ID : 21947092

Amount of Each Receipt this Period

53.58

Full Name (Last, First, Middle Initial)

C. Mr. Chad R. Austin

Mailing Address 6518 SW 26th Court

City

Topeka

State

KS

Zip Code

66614-4305

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kansas Hospital Association

Occupation

Sr. Vice President, Government Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.52

Date of Receipt

08 / 01 / 2014

Transaction ID : 21947097

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

217.04

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael P Browning

Mailing Address 12110 Hawkins Way

City

Fort Wayne

State

IN

Zip Code

46814-9157

FEC ID number of contributing
federal political committee.

C

Name of Employer

Parkview Health

Occupation

Chief Financial Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 07 / 2014

Transaction ID : 21947478

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Julie Carmichael

Mailing Address 758 Central Park Drive W.

City

Plainfield

State

IN

Zip Code

46168-2794

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Vincent Health

Occupation

System Vice President & Chief Strategy

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2014

Transaction ID : 21947481

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. JoEllen Eidam

Mailing Address 15 Woodcrest Place

City

Decatur

State

IN

Zip Code

46733-2439

FEC ID number of contributing
federal political committee.

C

Name of Employer

Adams Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2014

Transaction ID : 21947488

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mrs. Darlene Garrett

Mailing Address 2710 E. 250 N.

City
Bluffton

State
IN

Zip Code
46714-9207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Parkview Huntington Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 07 / 2014

Transaction ID : 21947495

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Raymond V Ingham PhD

Mailing Address 217 East Drive

City
Lebanon

State
IN

Zip Code
46052-1221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Witham Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 07 / 2014

Transaction ID : 21947504

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Shawn W McCoy

Mailing Address 416 S. Roosevelt Dr.

City
Evansville

State
IN

Zip Code
47714-1630

FEC ID number of contributing
federal political committee.

C

Name of Employer

Deaconess Hospital

Occupation

Chief Administrative Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 07 / 2014

Transaction ID : 21947513

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Ronald L Mead

Mailing Address 4277 Sedge Ct.

City

Zionsville

State

IN

Zip Code

46077-8526

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Vincent Health

Occupation

SVP/Chief Mission Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2014

Transaction ID : 21947514

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Gary A Meyer

Mailing Address 2280 Locust Court East

City

Seymour

State

IN

Zip Code

47274-8672

FEC ID number of contributing
federal political committee.

C

Name of Employer

Schneck Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2014

Transaction ID : 21947515

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Stacy Barstad

Mailing Address 251 Fifth Street East

City

Tracy

State

MN

Zip Code

56175-1536

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sanford Westbrook Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.50

Date of Receipt

08 / 07 / 2014

Transaction ID : 21947637

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

530.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael D Hedrix

Mailing Address 109 Court Avenue South

City State Zip Code
Sandstone MN 55072-5120

FEC ID number of contributing
federal political committee.

C

Name of Employer
Essentia Health Sandstone

Occupation
Interim Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2014

Transaction ID : 21947639

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Mary B Maertens FACHE

Mailing Address 300 South Bruce Street

City State Zip Code
Marshall MN 56258-3901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Avera Marshall Regional Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

08 / 07 / 2014

Transaction ID : 21947643

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Mr Kevin Youmans

Mailing Address 1227 E Rusholme St

City State Zip Code
Davenport IA 52803-2459

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesis Medical Center-Davenport

Occupation
Vice President, Outpatient Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : 21947667

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

625.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Robert D Kroese FACHE

Mailing Address 404 Jefferson Street

City

Pella

State

IA

Zip Code

50219-1257

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pella Regional Health Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : 21947670

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Michael T Donlin FACHE

Mailing Address 714 Lincoln Street NE

City

Le Mars

State

IA

Zip Code

51031-3314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Floyd Valley Hospital

Occupation

Administrator

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : 21947675

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Brian Dieter

Mailing Address 1111 Duff Avenue

City

Ames

State

IA

Zip Code

50010-5745

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mary Greeley Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : 21947677

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Lon D Butikofer RN, PhD

Mailing Address P O Box 359

City

Manchester

State

IA

Zip Code

52057-0359

FEC ID number of contributing
federal political committee.

C

Name of Employer

Regional Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : 21947679

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mrs. Karen S Cole MS, FACHE

Mailing Address 300 Pershing Avenue

City

Shenandoah

State

IA

Zip Code

51601-2355

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shenandoah Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 13 / 2014

Transaction ID : 21947681

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

c. Ms. Sandra L. McIntosh RN, MA, CN

Mailing Address 1208 Woodland Dr. SE

City

Cedar Rapids

State

IA

Zip Code

52403-9076

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Luke's Hospital

Occupation

Director, Emergency Medical/Surgical

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : 21947682

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Rebecca Anthony

Mailing Address 100 East Grand Avenue
Suite 100

City State Zip Code
Des Moines IA 50309-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Vice President, Education

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.10

Date of Receipt

08 / 13 / 2014

Transaction ID : 21947683

Amount of Each Receipt this Period

35.71

Full Name (Last, First, Middle Initial)

B. Ms. Laura Malone

Mailing Address 100 East Grand Avenue
Suite 100

City State Zip Code
Des Moines IA 50309-1817

FEC ID number of contributing
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Director of Nursing & Clinical Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.10

Date of Receipt

08 / 13 / 2014

Transaction ID : 21947689

Amount of Each Receipt this Period

35.71

Full Name (Last, First, Middle Initial)

C. Mr. Perry J. Meyer

Mailing Address 1920 SE Olson Drive

City State Zip Code
Waukee IA 50263-8180

FEC ID number of contributing
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.10

Date of Receipt

08 / 13 / 2014

Transaction ID : 21947690

Amount of Each Receipt this Period

35.71

SUBTOTAL of Receipts This Page (optional)..... ►

107.13

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Arthur John Spies II

Mailing Address 100 E. Grand Ave. Suite 100

City State Zip Code
Des Moines IA 50309-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Senior Vice President, Membership Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.10

Date of Receipt

08 / 13 / 2014

Transaction ID : 21947692

Amount of Each Receipt this Period

35.71

Full Name (Last, First, Middle Initial)

B. Mr. Dennis A. White

Mailing Address 100 East Graham Avenue
Suite 100

City State Zip Code
Des Moines IA 50309-1835

FEC ID number of contributing
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.10

Date of Receipt

08 / 13 / 2014

Transaction ID : 21947695

Amount of Each Receipt this Period

35.71

Full Name (Last, First, Middle Initial)

C. Mr. Michael T Baxter

Mailing Address 400 West 16th Street

City State Zip Code
Pueblo CO 81003-2781

FEC ID number of contributing
federal political committee.

C

Name of Employer

Parkview Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2014

Transaction ID : 21954014

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

321.42

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Nancy Engle

Mailing Address 1700 Pine Grove Avenue

City State Zip Code
 Colorado Springs CO 80906-2928

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memorial Hospital

Occupation

Government Affairs Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2014

Transaction ID : 21954023

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Steve Hess

Mailing Address P O Box 6001

City State Zip Code
 Newark DE 19718-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Center of the Rockies

Occupation

Vice President & Chief Information Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2014

Transaction ID : 21954029

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Margaret Naleppa

Mailing Address 1121 Riverside Drive

City State Zip Code
 Salisbury MD 21801-5422

FEC ID number of contributing
federal political committee.

C

Name of Employer

Peninsula Regional Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

08 / 15 / 2014

Transaction ID : 21954079

Amount of Each Receipt this Period

510.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1010.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Mark S Rulle

Mailing Address 8313 Telegraph Road, Unit 360

City State Zip Code
 Odenton MD 21113-1363

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maryland Hospital Association

Occupation

President, MHEI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

08 / 15 / 2014

Transaction ID : 21954081

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

B. Dr. Richard G Bennett MD

Mailing Address 1000 Poplar Hill Road

City State Zip Code
 Baltimore MD 21210-1224

FEC ID number of contributing
federal political committee.

C

Name of Employer

Johns Hopkins Bayview Medical Center

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

08 / 15 / 2014

Transaction ID : 21954088

Amount of Each Receipt this Period

510.00

Full Name (Last, First, Middle Initial)

C. Dr. John Perry MD

Mailing Address 1200 W. Cherokee Street

City State Zip Code
 Wagoner OK 74467-4624

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wagoner Community Hospital

Occupation

Chief of Staff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 18 / 2014

Transaction ID : 21954091

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1015.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Patricia M.C. Brown

Mailing Address 154 Boone Trail

City

Severna Park

State

MD

Zip Code

21146-4535

FEC ID number of contributing
federal political committee.

C

Name of Employer

Johns Hopkins Health System

Occupation

SVP, Managed Care & Population Health

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

08 / 15 / 2014

Transaction ID : 21954093

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

B. Mr. Jerome G. Geraghty

Mailing Address 2107 Chapelwood Court

City

Timonium

State

MD

Zip Code

21093-2811

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blades & Rosenfeld, P.A.

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

08 / 15 / 2014

Transaction ID : 21954108

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

C. Mr. Samuel E Moskowitz

Mailing Address 6 Hambleton Court

City

Baltimore

State

MD

Zip Code

21208-3309

FEC ID number of contributing
federal political committee.

C

Name of Employer

MedStar Franklin Square Medical Center

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.00

Date of Receipt

08 / 15 / 2014

Transaction ID : 21954121

Amount of Each Receipt this Period

238.00

SUBTOTAL of Receipts This Page (optional)..... ►

748.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael B Robbins

Mailing Address 4516 Doncaster Drive

City

Ellicott City

State

MD

Zip Code

21043-6767

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maryland Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

08 / 15 / 2014

Transaction ID : 21954130

Amount of Each Receipt this Period

510.00

Full Name (Last, First, Middle Initial)

B. Mr. James T Berry

Mailing Address P O Box 511

City

Purcell

State

OK

Zip Code

73080-0511

FEC ID number of contributing
federal political committee.

C

Name of Employer

Purcell Municipal Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

08 / 04 / 2014

Transaction ID : 21954151

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Mr. Tim Johnsen

Mailing Address 3300 NW Expressway

City

Oklahoma City

State

OK

Zip Code

73112-4418

FEC ID number of contributing
federal political committee.

C

Name of Employer

Integrus Baptist Medical Center

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 04 / 2014

Transaction ID : 21954153

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1210.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Kersey Winfree M.D.Mailing Address 1000 N. Lee Avenue
Suite 3057

City	State	Zip Code
Oklahoma City	OK	73102-1036

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Anthony Hospital

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	04	/	2014

Transaction ID : 21954155

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. John Christopher Lang

Mailing Address 1517 Deer Path

City	State	Zip Code
Raymore	MO	64083-8180

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cass Regional Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2014

Transaction ID : 21954165

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Mary B. Parrigon

Mailing Address 9057 Eland Road

City	State	Zip Code
Neosho	MO	64850-7264

FEC ID number of contributing
federal political committee.

C

Name of Employer

Freeman Health System

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2014

Transaction ID : 21954167

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Elizabeth M. Syer

Mailing Address 12513 North Loma Linda Drive #B

City State Zip Code
 Loma Linda MO 64804

FEC ID number of contributing
federal political committee.

C

Name of Employer

Freeman Health System

Occupation

Director of Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

MM / DD / YYYY
 08 / 14 / 2014

Transaction ID : 21954171

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Ms. Elizabeth M. Syer

Mailing Address 12513 North Loma Linda Drive #B

City State Zip Code
 Loma Linda MO 64804

FEC ID number of contributing
federal political committee.

C

Name of Employer

Freeman Health System

Occupation

Director of Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
 08 / 14 / 2014

Transaction ID : 21954172

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. Mr. Brian M Connolly

Mailing Address One Parklane Boulevard, Suite 1000

City State Zip Code
 Dearborn MI 48126-4241

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oakwood Healthcare, Inc.

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

820.75

Date of Receipt

MM / DD / YYYY
 08 / 26 / 2014

Transaction ID : 21954276

Amount of Each Receipt this Period

295.75

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

545.75

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Rebecca C Kuhn

Mailing Address 1441 North 12th Street

City

Phoenix

State

AZ

Zip Code

85006-2837

FEC ID number of contributing
federal political committee.

C

Name of Employer

Banner Health

Occupation

President, Arizona East Region

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 19 / 2014

Transaction ID : 21954277

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mr. Wesley B. Braman

Mailing Address P.O. Box 4487

City

Joplin

State

MO

Zip Code

64803-4487

FEC ID number of contributing
federal political committee.

C

Name of Employer

Freeman Health System

Occupation

Managed Care Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 26 / 2014

Transaction ID : 21954382

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Walter Jim Reiter

Mailing Address 580 Wayward Court

City

Annapolis

State

MD

Zip Code

21401-6746

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maryland Hospital Association

Occupation

Senior Vice President Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

08 / 22 / 2014

Transaction ID : 21954497

Amount of Each Receipt this Period

255.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

855.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. John Di Angelo

Mailing Address 105 Pancoast Place

City

Mullica Hill

State

NJ

Zip Code

08062-4735

FEC ID number of contributing
federal political committee.

C

Name of Employer

Inspira Health Network

Occupation

Senior Vice President, Finance & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

08 / 15 / 2014

Transaction ID : 21954513

Amount of Each Receipt this Period

650.00

Full Name (Last, First, Middle Initial)

B. Dr. Adam D Jarrett MD

Mailing Address 214 King Street

City

Ogdensburg

State

NY

Zip Code

13669-1191

FEC ID number of contributing
federal political committee.

C

Name of Employer

Holy Name Medical Center

Occupation

Executive Vice President and Chief Med

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

08 / 15 / 2014

Transaction ID : 21954514

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

c. Dr. Joseph Reichman MD

Mailing Address 121 Barton Avenue

City

Voorhees

State

NJ

Zip Code

08043-4699

FEC ID number of contributing
federal political committee.

C

Name of Employer

Meridian Health

Occupation

Vice President Medical Affairs and Cli

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

08 / 15 / 2014

Transaction ID : 21954515

Amount of Each Receipt this Period

325.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1300.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Leslie D Hirsch FACHE

Mailing Address 28 MacKenzie Lane North

City State Zip Code
Denville NJ 07834-2954

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saint Clare's Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

682.50

Date of Receipt

08 / 15 / 2014

Transaction ID : 21954517

Amount of Each Receipt this Period

130.00

Full Name (Last, First, Middle Initial)

B. Mr. John Slotman

Mailing Address 760 Alexander Road

City State Zip Code
Princeton NJ 08540-6305

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

VP, GME and Teaching Hospital Issues

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

386.10

Date of Receipt

08 / 15 / 2014

Transaction ID : 21954519

Amount of Each Receipt this Period

46.80

Full Name (Last, First, Middle Initial)

C. Ms. Sarah Lechner

Mailing Address 760 Alexander Road

City State Zip Code
Princeton NJ 08540-6305

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

331.50

Date of Receipt

08 / 15 / 2014

Transaction ID : 21954529

Amount of Each Receipt this Period

39.00

SUBTOTAL of Receipts This Page (optional)..... ►

215.80

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael Guerriero

Mailing Address 760 Alexander Road

City

Princeton

State

NJ

Zip Code

08540-6305

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.55

Date of Receipt

08 / 15 / 2014

Transaction ID : 21954530

Amount of Each Receipt this Period

33.15

Full Name (Last, First, Middle Initial)

B. Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City

New Hope

State

PA

Zip Code

18938-5760

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.28

Date of Receipt

08 / 15 / 2014

Transaction ID : 21954532

Amount of Each Receipt this Period

26.54

Full Name (Last, First, Middle Initial)

C. Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City

New Hope

State

PA

Zip Code

18938-5760

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

289.78

Date of Receipt

08 / 15 / 2014

Transaction ID : 21954542

Amount of Each Receipt this Period

6.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

66.19

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Theresa L. Edelstein

Mailing Address 27 Harvest Lane

City
Livingston

State
NJ

Zip Code
07039-2750

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President Continuing Care Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.50

Date of Receipt

08 / 22 / 2014

Transaction ID : 21954565

Amount of Each Receipt this Period

6.50

Full Name (Last, First, Middle Initial)

B. Mr. Michael Guerriero

Mailing Address 760 Alexander Road

City
Princeton

State
NJ

Zip Code
08540-6305

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.05

Date of Receipt

08 / 22 / 2014

Transaction ID : 21954568

Amount of Each Receipt this Period

6.50

Full Name (Last, First, Middle Initial)

C. Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City
New Hope

State
PA

Zip Code
18938-5760

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.28

Date of Receipt

08 / 22 / 2014

Transaction ID : 21954569

Amount of Each Receipt this Period

6.50

SUBTOTAL of Receipts This Page (optional)..... ►

19.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Sarah Lechner

Mailing Address 760 Alexander Road

City

Princeton

State

NJ

Zip Code

08540-6305

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

General Counsel

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

338.00

Date of Receipt

08 / 22 / 2014

Transaction ID : 21954574

Amount of Each Receipt this Period

6.50

Full Name (Last, First, Middle Initial)

B. Mr. John Slotman

Mailing Address 760 Alexander Road

City

Princeton

State

NJ

Zip Code

08540-6305

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

VP, GME and Teaching Hospital Issues

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

392.60

Date of Receipt

08 / 22 / 2014

Transaction ID : 21954581

Amount of Each Receipt this Period

6.50

Full Name (Last, First, Middle Initial)

c. Mr. Gary G Terrinoni

Mailing Address 309 West Lavrier Place

City

Bryn Mawr

State

PA

Zip Code

19010-2254

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kennedy Health System

Occupation

EVP of Administration

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

08 / 22 / 2014

Transaction ID : 21954586

Amount of Each Receipt this Period

325.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

338.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Mary Kay Clunies-Ross

Mailing Address 300 Elliott Avenue West, Suite 300

City
Seattle

State
WA

Zip Code
98119-4122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Washington State Hospital Association

Occupation

VP Communications & Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 21 / 2014

Transaction ID : 21954600

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Ben Lindekugel

Mailing Address 300 Elliott Avenue West
Suite 300

City
Seattle

State
WA

Zip Code
98119-4122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Association of WA Public Hospital Dist

Occupation

Director, Member Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 21 / 2014

Transaction ID : 21954601

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr Rob Watilo

Mailing Address 505 Stone Creek Place

City
Walla Walla

State
WA

Zip Code
99362-8601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence St. Mary Medical Center

Occupation

Chief Strategy Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 21 / 2014

Transaction ID : 21954605

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Taya Briley RN, MN, JD

Mailing Address 2312 North 39th Street

City
Seattle

State
WA

Zip Code
98103-8444

FEC ID number of contributing
federal political committee.

C

Name of Employer

Washington State Hospital Association

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 21 / 2014

Transaction ID : 21954606

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Tom Evert

Mailing Address 17720 154th Court NE

City

Woodinville

State

WA

Zip Code

98072-9224

FEC ID number of contributing
federal political committee.

C

Name of Employer

Washington State Hospital Association

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 21 / 2014

Transaction ID : 21954607

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Joseph M Kortum

Mailing Address 1414 SW 3rd Ave

City

Portland

State

OR

Zip Code

97201-6631

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harrison Medical Center

Occupation

Interim President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 21 / 2014

Transaction ID : 21954608

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Claudia R. Sanders

Mailing Address 4230 - 51st Avenue NE

City
Seattle

State
WA

Zip Code
98105-4931

FEC ID number of contributing
federal political committee.

C

Name of Employer

Washington State Hospital Association

Occupation

Sr. Vice President, Policy Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 21 / 2014

Transaction ID : 21954609

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Mr. Thomas Russell

Mailing Address 9670 SE 257 Ave

City

Damascus

State

OR

Zip Code

97089-6353

FEC ID number of contributing
federal political committee.

C

Name of Employer

Adventist Medical Center-Portland

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 19 / 2014

Transaction ID : 21954610

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Ms. Sheila Clough

Mailing Address 692 Vansant St

City

Ashland

State

OR

Zip Code

97520-1890

FEC ID number of contributing
federal political committee.

C

Name of Employer

Asante Ashland Community Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 19 / 2014

Transaction ID : 21954611

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. James A Mattes

Mailing Address P O Box 3290

City

La Grande

State

OR

Zip Code

97850-3290

FEC ID number of contributing
federal political committee.

C

Name of Employer

Grande Ronde Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 19 / 2014

Transaction ID : 21954612

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. George J Brown MD

Mailing Address 376 NW 81st Pl

City

Portland

State

OR

Zip Code

97229-6777

FEC ID number of contributing
federal political committee.

C

Name of Employer

Legacy Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 19 / 2014

Transaction ID : 21954613

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms Gina Cole-Plasker

Mailing Address 17555 NW Waltuck Ct

City

Portland

State

OR

Zip Code

97229-8530

FEC ID number of contributing
federal political committee.

C

Name of Employer

Legacy Health

Occupation

Gov. Affairs Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 19 / 2014

Transaction ID : 21954614

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Kelly C Morgan

Mailing Address 2700 Stewart Parkway

City

Roseburg

State

OR

Zip Code

97471-1281

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 19 / 2014

Transaction ID : 21954615

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. Peter F Rapp

Mailing Address 3181 SW Sam Jackson Park Road

City

Portland

State

OR

Zip Code

97239-3011

FEC ID number of contributing
federal political committee.

C

Name of Employer

OHSU Hospital

Occupation

Vice President and Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 19 / 2014

Transaction ID : 21954616

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Ms. Becky A Pape MPA, RN

Mailing Address P O Box 739

City

Lebanon

State

OR

Zip Code

97355-0739

FEC ID number of contributing
federal political committee.

C

Name of Employer

Samaritan Lebanon Community Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 19 / 2014

Transaction ID : 21954617

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. David T Underriner

Mailing Address 2690 Surrey Lane

City

West Linn

State

OR

Zip Code

97068-2268

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence Health & Services

Occupation

Chief Executive Officer, Portland Serv

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2014

Transaction ID : 21954619

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. Paul R Stewart

Mailing Address 2865 Daggett Avenue

City

Klamath Falls

State

OR

Zip Code

97601-1106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sky Lakes Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2014

Transaction ID : 21954620

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. Manuel S Berman MHA

Mailing Address 335 SE Eighth Avenue

City

Hillsboro

State

OR

Zip Code

97123-4246

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tuality Healthcare

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2014

Transaction ID : 21954621

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

2500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Anne Cloutre

Mailing Address 2525 South Downing Street

City

Denver

State

CO

Zip Code

80210-5876

FEC ID number of contributing
federal political committee.

C

Name of Employer

Littleton Adventist Hospital

Occupation

Director Patient Experience

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 20 / 2014

Transaction ID : 21955348

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Russell William Johnson

Mailing Address 5111 DTC Parkway

City

Greenwood Village

State

CO

Zip Code

80111-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Centura Health

Occupation

Senior VP of Network Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 20 / 2014

Transaction ID : 21955351

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Philip Boyce

Mailing Address 3563 Phillips Highway
Suite 101

City

Jacksonville

State

FL

Zip Code

32207-5663

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baptist Health

Occupation

Senior Vice President Managed Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 19 / 2014

Transaction ID : 21955386

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Harvey Granger

Mailing Address 800 Prudential Drive

City

Jacksonville

State

FL

Zip Code

32207-8202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baptist Medical Center Jacksonville

Occupation

General Counsel

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		19		2014

Transaction ID : 21955592

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Diane P Harden

Mailing Address 7936 Coffee Creek Lane

City

Groveland

State

FL

Zip Code

34736-9328

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central Florida Health Alliance

Occupation

Chief Financial Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		19		2014

Transaction ID : 21955594

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr John Loewenberg

Mailing Address 12777 Mariner Ct

City

Palm City

State

FL

Zip Code

34990-8034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Martin Health System

Occupation

Hospital Trustee

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		19		2014

Transaction ID : 21955595

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

600.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Scott Raynes

Mailing Address 1110 Gulf Breeze Parkway

City State Zip Code
 Gulf Breeze FL 32561-4884

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baptist Hospital

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 19 / 2014

Transaction ID : 21955608

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Edward Sim

Mailing Address 12042 Cranefoot Drive

City State Zip Code
 Jacksonville FL 32223-4806

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baptist Health

Occupation

President, Physician Integration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 19 / 2014

Transaction ID : 21955612

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. John F Wilbanks FACHE

Mailing Address 800 Prudential Drive

City State Zip Code
 Jacksonville FL 32207-8202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baptist Medical Center Beaches

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 19 / 2014

Transaction ID : 21955615

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Gary L Barnett

Mailing Address P O Box 372

City

Mattoon

State

IL

Zip Code

61938-0372

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sarah Bush Lincoln Health Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 18 / 2014

Transaction ID : 21955633

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. David A Carlson

Mailing Address 4320 Turtle Bay

City

Springfield

State

IL

Zip Code

62711-7889

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hospital Sisters Health System

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 18 / 2014

Transaction ID : 21955634

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Timothy J Eckels

Mailing Address 33 Oak Lane

City

Springfield

State

IL

Zip Code

62712-8611

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hospital Sisters Health System

Occupation

Vice President, Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 18 / 2014

Transaction ID : 21955637

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Mary S. Embertson

Mailing Address 1111 Cabinview Court

City

Chesterfield

State

MO

Zip Code

63017-2471

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hospital Sisters Health System

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 18 / 2014

Transaction ID : 21955638

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Mr. Patrick Gallagher

Mailing Address P O Box 3015

City

Naperville

State

IL

Zip Code

60566-7015

FEC ID number of contributing
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

VP, Health Delivery and Payment System

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 18 / 2014

Transaction ID : 21955639

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Mr. Evert J Kuiper

Mailing Address P O Box 340

City

Alton

State

IL

Zip Code

62002-0340

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saint Anthony's Health Center

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 18 / 2014

Transaction ID : 21955646

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1550.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Barbara J Martin RN

Mailing Address 2615 Washington Street

City

Waukegan

State

IL

Zip Code

60085-4980

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vista Medical Center East

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 18 / 2014

Transaction ID : 21955647

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Keith Allen Page

Mailing Address 6800 State Route 162

City

Maryville

State

IL

Zip Code

62062-8500

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anderson Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 18 / 2014

Transaction ID : 21955649

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Kevin P Poorten

Mailing Address P O Box 707

City

Dekalb

State

IL

Zip Code

60115-0707

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kish Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 18 / 2014

Transaction ID : 21955651

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Brian Reardon

Mailing Address 58 Glen Eagle Drive

City

Springfield

State

IL

Zip Code

62246-1156

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hospital Sisters Health System

Occupation

System Director of Communications & PR

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 18 / 2014

Transaction ID : 21955652

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Lee Sacks MD

Mailing Address 2025 Windsor Drive

City

Oak Brook

State

IL

Zip Code

60523-1586

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advocate Health Care

Occupation

Executive Vice President and Chief Med

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 18 / 2014

Transaction ID : 21955654

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Mr. Larry P Schumacher RN, MSN, F

Mailing Address P O Box 19456

City

Springfield

State

IL

Zip Code

62794-9456

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hospital Sisters Health System

Occupation

Chief Operating Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 18 / 2014

Transaction ID : 21955656

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

1750.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Henry Seybold

Mailing Address 2400 North Rockton Avenue

City State Zip Code
Rockford IL 61103-3655

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rockford Memorial Hospital

Occupation

Senior Vice President and Chief Financ

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 18 2014

Transaction ID : 21955658

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Rosetta Speights

Mailing Address 13129 W. Wakefield Drice

City State Zip Code
Beach Park IL 60083-3012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vista Medical Center East

Occupation

Chief Nursing Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 18 2014

Transaction ID : 21955659

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Mary Starmann-Harrison FACHE

Mailing Address P O Box 19456

City State Zip Code
Springfield IL 62794-9456

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hospital Sisters Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 18 2014

Transaction ID : 21955661

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Randy Bury

Mailing Address 1808 South Queens Avenue

City State Zip Code
 Sioux Falls SD 57106-0699

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Sanford USD Medical Center Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2014

Transaction ID : 21955753

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Thomas A Clark

Mailing Address 314 Mildred Ct

City State Zip Code
 Mitchell SD 57301-7518

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Avera Queen of Peace Hospital President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2014

Transaction ID : 21955769

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Stephen M. Ahnen

Mailing Address 125 Airport Road

City State Zip Code
 Concord NH 03301-7300

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 New Hampshire Hospital Association President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

773.50

Date of Receipt

08 / 27 / 2014

Transaction ID : 21955791

Amount of Each Receipt this Period

45.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

795.50

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Paula Minnehan

Mailing Address 283 Gallopin Hill Road

City

Hopkinton

State

NH

Zip Code

03229-3402

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

V.P., Finance and Rural Hospitals

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.90

Date of Receipt

08 / 27 / 2014

Transaction ID : 21955792

Amount of Each Receipt this Period

16.70

Full Name (Last, First, Middle Initial)

B. Mr. Clay Holderman

Mailing Address P O Box 26666

City

Albuquerque

State

NM

Zip Code

87125-6666

FEC ID number of contributing
federal political committee.

C

Name of Employer

Presbyterian Hospital

Occupation

Chief Operating Officer-Central Delive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

08 / 27 / 2014

Transaction ID : 21955796

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

C. Mr. Jerry Jasper

Mailing Address 515 W 12th Street

City

Texarkana

State

TX

Zip Code

75501-4416

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southeast Colorado Hospital District

Occupation

Chief Executive Officer and Administra

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 27 / 2014

Transaction ID : 21955804

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

641.70

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Troy Martens

Mailing Address 802 Kenyon Road

City

Fort Dodge

State

IA

Zip Code

50501-5740

FEC ID number of contributing
federal political committee.

C

Name of Employer

UnityPoint Health - Trinity Regional M

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 27 / 2014

Transaction ID : 21955809

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Curt Hesse

Mailing Address 701 East Second Street

City

Ida Grove

State

IA

Zip Code

51445-1666

FEC ID number of contributing
federal political committee.

C

Name of Employer

Horn Memorial Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 27 / 2014

Transaction ID : 21955816

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Rebecca Anthony

Mailing Address 100 East Grand Avenue
Suite 100

City

Des Moines

State

IA

Zip Code

50309-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Vice President, Education

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

392.81

Date of Receipt

08 / 27 / 2014

Transaction ID : 21955817

Amount of Each Receipt this Period

35.71

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

535.71

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Laura Malone

Mailing Address 100 East Grand Avenue
Suite 100

City State Zip Code
Des Moines IA 50309-1817

FEC ID number of contributing
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Director of Nursing & Clinical Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

392.81

Date of Receipt

MM / DD / YYYY
08 / 27 / 2014

Transaction ID : 21955822

Amount of Each Receipt this Period

35.71

Full Name (Last, First, Middle Initial)

B. Mr. Perry J. Meyer

Mailing Address 1920 SE Olson Drive

City State Zip Code
Waukee IA 50263-8180

FEC ID number of contributing
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

392.81

Date of Receipt

MM / DD / YYYY
08 / 27 / 2014

Transaction ID : 21955823

Amount of Each Receipt this Period

35.71

Full Name (Last, First, Middle Initial)

C. Mr. Arthur John Spies II

Mailing Address 100 E. Grand Ave. Suite 100

City State Zip Code
Des Moines IA 50309-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Senior Vice President, Membership Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

392.81

Date of Receipt

MM / DD / YYYY
08 / 27 / 2014

Transaction ID : 21955827

Amount of Each Receipt this Period

35.71

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

107.13

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Dennis A. White

Mailing Address 100 East Graham Avenue
Suite 100

City State Zip Code
Des Moines IA 50309-1835

FEC ID number of contributing
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

392.81

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 27 / 2014

Transaction ID : 21955830

Amount of Each Receipt this Period

35.71

Full Name (Last, First, Middle Initial)

B. Dr. Patrick J Cawley MD

Mailing Address 169 Ashley Avenue

City State Zip Code
Charleston SC 29425-5836

FEC ID number of contributing
federal political committee.

C

Name of Employer

MUSC Medical Center of Medical Unvers

Occupation

Vice President of Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 26 / 2014

Transaction ID : 21955836

Amount of Each Receipt this Period

875.00

Full Name (Last, First, Middle Initial)

c. Mr. Thomas C Dandridge FACHE

Mailing Address 3000 St Matthews Road

City State Zip Code
Orangeburg SC 29118-1442

FEC ID number of contributing
federal political committee.

C

Name of Employer

Regional Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 26 / 2014

Transaction ID : 21955837

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1410.71

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Douglas Bowling

Mailing Address 2509 Watercrest Lane

City State Zip Code
 Johns Island SC 29455-3108

FEC ID number of contributing
federal political committee.

C

Name of Employer

Roper Hospital

Occupation

Vice President of System Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 26 / 2014

Transaction ID : 21955838

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Richard Foster MD

Mailing Address 1000 Center Point Road

City State Zip Code
 Columbia SC 29210-5802

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Carolina Hospital Association

Occupation

Sr. Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

08 / 26 / 2014

Transaction ID : 21955842

Amount of Each Receipt this Period

260.00

Full Name (Last, First, Middle Initial)

C. Mr. James L. Head Jr. FACHE

Mailing Address 1000 Center Point Road

City State Zip Code
 Columbia SC 29210-5802

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Carolina Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 26 / 2014

Transaction ID : 21955844

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

760.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Lara E. Hewitt

Mailing Address 1000 Center Point Road

City
Columbia

State
SC

Zip Code
29210-5802

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Carolina Hospital Association

Occupation

Director, Education Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

08 / 26 / 2014

Transaction ID : 21955845

Amount of Each Receipt this Period

208.00

Full Name (Last, First, Middle Initial)

B. Mr. J Thornton Kirby

Mailing Address 1000 Center Point Road

City
Columbia

State
SC

Zip Code
29210-5802

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Carolina Hospital Association

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 26 / 2014

Transaction ID : 21955846

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Sherry A. Kolb RN

Mailing Address 844 Grimble Street

City
Sumter

State
SC

Zip Code
29150-5920

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Carolina Hospital Association

Occupation

Director, Staffing Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 26 / 2014

Transaction ID : 21955847

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

958.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Patti Smoake

Mailing Address 1000 Center Point Road

City State Zip Code
Columbia SC 29210-5802

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Carolina Hospital Association

Occupation
VP, Public Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 26 / 2014

Transaction ID : 21955887

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Allan Stalvey

Mailing Address 900 Gregg Street

City State Zip Code
Columbia SC 29201-3913

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Carolina Hospital Association

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

08 / 26 / 2014

Transaction ID : 21955888

Amount of Each Receipt this Period

780.00

Full Name (Last, First, Middle Initial)

C. Mr. Dean E Davis

Mailing Address 852 N Church St

City State Zip Code
Spartanburg SC 29303-3051

FEC ID number of contributing
federal political committee.

C

Name of Employer
Spartanburg Regional Healthcare System

Occupation
MGCVP/Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 26 / 2014

Transaction ID : 21955889

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1530.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr Christopher Lombardozzi

Mailing Address 317 Ashwick Ct

City State Zip Code
Spartanburg SC 29301-5609

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Spartanburg Regional Healthcare System Chief Medical Officer, Quality

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 26 2014

Transaction ID : 21955891

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Nick Ulmer M.D.

Mailing Address P O Box 976

City State Zip Code
Clinton SC 29325-0976

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Spartanburg Regional Healthcare System Vice President Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 26 2014

Transaction ID : 21955892

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Mark Watson

Mailing Address 155 E Broad ST
Ste 311

City State Zip Code
Spartanburg SC 29306-3280

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Spartanburg Regional Healthcare System Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 26 2014

Transaction ID : 21955893

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Mark H Shuter

Mailing Address 272 Hospital Road

City State Zip Code
 Chillicothe OH 45601-9031

FEC ID number of contributing federal political committee.

C

Name of Employer

Adena Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 15 / 2014

Transaction ID : 21978793

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Eugene A Thorn III

Mailing Address 659 Boulevard

City State Zip Code
 Dover OH 44622-2077

FEC ID number of contributing federal political committee.

C

Name of Employer

Union Hospital

Occupation

Vice President Finance and Chief Finan

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 15 / 2014

Transaction ID : 21978814

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Steven Gabbe MD

Mailing Address 297 Stanberry Ave

City State Zip Code
 Bexley OH 43209-1468

FEC ID number of contributing federal political committee.

C

Name of Employer

Ohio State University Wexner Medical C

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 15 / 2014

Transaction ID : 21978819

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. David Morlock

Mailing Address 3045 Dalinton Ave

City

Toledo

State

OH

Zip Code

43606

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Toledo Medical Center, T

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 15 / 2014

Transaction ID : 21978822

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Anita Hackstedde MD

Mailing Address 1995 East State Street

City

Salem

State

OH

Zip Code

44460-2423

FEC ID number of contributing
federal political committee.

C

Name of Employer

Salem Regional Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 15 / 2014

Transaction ID : 21978838

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Brinsley B Lewis

Mailing Address 2894 Creekwood Estates Dr

City

Blacklick

State

OH

Zip Code

43004-8058

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mount Carmel East Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 15 / 2014

Transaction ID : 21978888

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Theresa L. Edelstein

Mailing Address 27 Harvest Lane

City

Livingston

State

NJ

Zip Code

07039-2750

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President Continuing Care Service

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

214.50

Date of Receipt

08 / 29 / 2014

Transaction ID : 21980634

Amount of Each Receipt this Period

13.00

Full Name (Last, First, Middle Initial)

B. Mr. Michael Guerriero

Mailing Address 760 Alexander Road

City

Princeton

State

NJ

Zip Code

08540-6305

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

323.70

Date of Receipt

08 / 29 / 2014

Transaction ID : 21980635

Amount of Each Receipt this Period

26.65

Full Name (Last, First, Middle Initial)

C. Ms. Lori Herndon RN, BSN, M

Mailing Address 902 North Shore Drive

City

Brigantine

State

NJ

Zip Code

08203-2718

FEC ID number of contributing
federal political committee.

C

Name of Employer

AtlantiCare

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

08 / 29 / 2014

Transaction ID : 21980636

Amount of Each Receipt this Period

650.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

689.65

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Leslie D Hirsch FACHE

Mailing Address 28 MacKenzie Lane North

City

Denville

State

NJ

Zip Code

07834-2954

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saint Clare's Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

812.50

Date of Receipt

08 / 29 / 2014

Transaction ID : 21980637

Amount of Each Receipt this Period

130.00

Full Name (Last, First, Middle Initial)

B. Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City

New Hope

State

PA

Zip Code

18938-5760

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Sr. VP., Health Economics

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

322.82

Date of Receipt

08 / 29 / 2014

Transaction ID : 21980638

Amount of Each Receipt this Period

26.54

Full Name (Last, First, Middle Initial)

C. Ms. Sarah Lechner

Mailing Address 760 Alexander Road

City

Princeton

State

NJ

Zip Code

08540-6305

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

General Counsel

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

370.50

Date of Receipt

08 / 29 / 2014

Transaction ID : 21980640

Amount of Each Receipt this Period

32.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

189.04

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Tony Reed

Mailing Address 12 Hickory Lane

City

Mullica Hill

State

NJ

Zip Code

08062-9522

FEC ID number of contributing
federal political committee.

C

Name of Employer

AtlantiCare

Occupation

Senior Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

08 / 29 / 2014

Transaction ID : 21980644

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

B. Mr. Roger D. Sarao Jr.

Mailing Address 4 Poppy Lane

City

Howell

State

NJ

Zip Code

07731-1451

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

VP Health Economics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

08 / 29 / 2014

Transaction ID : 21980645

Amount of Each Receipt this Period

13.00

Full Name (Last, First, Middle Initial)

C. Mr. John Slotman

Mailing Address 760 Alexander Road

City

Princeton

State

NJ

Zip Code

08540-6305

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

VP, GME and Teaching Hospital Issues

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.90

Date of Receipt

08 / 29 / 2014

Transaction ID : 21980647

Amount of Each Receipt this Period

40.30

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

378.30

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Melinda Reid Hatton

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President & General Course

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1045726231888

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. David Schulke

Mailing Address 155 N. Wacker Dr.

City Chicago State IL Zip Code 60606-1709

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

VP Research Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1057462131888

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Sarah B. Macchiarola

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1082532731888

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

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180.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Barbara Jellen

Mailing Address 206 N Royal St

City

Alexandria

State

VA

Zip Code

22314-2627

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Section Director, Constituency Section

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2014

Transaction ID : PR1113464231888

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Lisa Allen

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Sr. Vice President, Chief Human Resour

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2014

Transaction ID : PR1118928231888

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

c. Mr. Dale A Kirby

Mailing Address P O Box 331

City

Colusa

State

CA

Zip Code

95932-0331

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2014

Transaction ID : PR1125892331888

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

130.82

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Mary Meadows

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
American Hospital Association-Chicago Director of Professional Practice, AON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1260472931888

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Jack A. Mackay

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
American Hospital Association-Chicago Vice President & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1347703631888

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Susan Gergely MBA

Mailing Address 155 N Wacker Dr

City State Zip Code
Chicago IL 60606-1787

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
AONE Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1347791031888

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

92.36

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Heather Drevna

Mailing Address 3205 Ravensworth PL

City
Alexandria

State
VA

Zip Code
22302-2107

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Vice President, Advocacy and Member Co

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1348169731888

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Sharon Allen

Mailing Address 155 N Wacker Dr

City
Chicago

State
IL

Zip Code
60606-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1474886231888

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Mark Colucci

Mailing Address 1061 N Penny Ln

City
Palatine

State
IL

Zip Code
60067-1821

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

National Director Sponsorship and Unde

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1475133731888

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

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92.36

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Fannie D. Wade

Mailing Address 7706 Heartwood Lane

City

Upper Marlboro

State

MD

Zip Code

20772-4323

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Executive Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1476385731888

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Monica D Day

Mailing Address 4321 Telfair Blvd
D319

City

Suitland

State

MD

Zip Code

20746-4271

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Political Affairs Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1516850631888

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Elisa Arespachaga

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Director, Constituency Secti

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1555656231888

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Kathy Poole

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Governance Projects

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1589439931888

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Kimberly Baker

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director Travel Meeting Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1590809131888

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Bob Kehoe

Mailing Address 155 N Wacker Dr Fl 7

City

Chicago

State

IL

Zip Code

60606-1787

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Executive Editor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1625368331888

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Bill Ladewski

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Membership Associate, Center for Health

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1625369131888

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Joan Miller

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Education Program Manager, HRET

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1625587831888

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Monique Showalter

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Marketing AHA Solutions, Inc

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1625602231888

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

80.82

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Stephen Hines

Mailing Address 155 North Wacker Drive

City State Zip Code
 Chicago IL 60606-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

VP, Research HRET

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1648726631888

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Erik Rasmussen

Mailing Address 325 Seventh Street, NW
 Suite 700

City State Zip Code
 Washington DC 20004-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1819487931888

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Aimee Kuhlman

Mailing Address 325 Seventh Street, NW
 Suite 700

City State Zip Code
 Washington DC 20004-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director Fed. Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1877582331888

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

130.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Shari Dexter

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Political Action

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1878189831888

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms Beverly Hancock

Mailing Address 155 N. Wacker Dr.

City Chicago State IL Zip Code 60606-1787

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Dir Educational Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.83

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1913189331888

Amount of Each Receipt this Period

31.82

P/R Deduction (\$15.91 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Joanna Kim

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director, Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1913190531888

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

97.24

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Evelyn Knolle

Mailing Address 325 Seventh Street, NW

City
Washington

State Zip Code
DC 20004-2802

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director, Policy -TR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1913190731888

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Juanita Myrick

Mailing Address 325 Seventh Street, NW
Suite 700

City
Washington

State Zip Code
DC 20004-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Employee Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.50

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1913192531888

Amount of Each Receipt this Period

27.00

P/R Deduction (\$13.50 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Jennifer Schleman

Mailing Address 325 Seventh Street, NW
Suite 700

City
Washington

State Zip Code
DC 20004-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director, Media Relat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1913194031888

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.48

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Janet Henderson

Mailing Address 155 North Wacker Drive

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1937843131888

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Diane Jones

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Sr Assoc Dir Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1943461531888

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

c. Ms. Stacey Chappell

Mailing Address 155 N. Wacker Drive
Suite 400

City

Chicago

State

IL

Zip Code

60606-1719

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Senior Communications Specialist, Advo

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1963876231888

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

103.90

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Jeff Goldman

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Vice President of Coverage

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

08 / 31 / 2014

Transaction ID : PR1978358631888

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Linda Fishman

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President, Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

08 / 31 / 2014

Transaction ID : PR327629131888

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Michael P. McCue

Mailing Address 122 N. Greenwood Avenue

City Park Ridge State IL Zip Code 60068-3227

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

08 / 31 / 2014

Transaction ID : PR327771631888

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

192.36

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 75 OF 104

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Suzanne R. Sonik

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Long-Term Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

08 / 31 / 2014

Transaction ID : PR327777231888

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Debra J. Stock

Mailing Address 1022 S. Harvey Avenue

City

Oak Park

State

IL

Zip Code

60304-2132

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

08 / 31 / 2014

Transaction ID : PR327777831888

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Neil Jesuele

Mailing Address 155 N Wacker Dr

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

08 / 31 / 2014

Transaction ID : PR327801731888

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

153.90

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 76 OF 104
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Pamela Austin Thompson RN, MSNMailing Address 325 Seventh Street, NW
Suite 700

City	State	Zip Code
Washington	DC	20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Chief Executive Officer, AONE & Sr. Vi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2014

Transaction ID : PR327812031888

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Joan H. Lewis

Mailing Address 6034 North 22nd Street

City	State	Zip Code
Arlington	VA	22205-3408

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2014

Transaction ID : PR327831731888

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Robert J. Donovan

Mailing Address One North Franklin Street

City	State	Zip Code
Chicago	IL	60606-4425

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Meetings & Travel Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2014

Transaction ID : PR327846231888

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

142.36

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Ellen A. Pryga

Mailing Address 2401 Calvert Street, NW
Apt. 1008

City State Zip Code
Washington DC 20008-2614

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Policy Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 31 2014

Transaction ID : PR327851931888

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Mark Seklecki

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Vice President, Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 31 2014

Transaction ID : PR327858031888

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. John F. Barry

Mailing Address One North Franklin

City State Zip Code
Millis MA 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 31 2014

Transaction ID : PR327877831888

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

192.36

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 78 OF 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. George F. Bergstrom
 Mailing Address 130 North Garland Court
 #3002

 City State Zip Code
 Chicago IL 60602-4750

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 08 31 2014

Transaction ID : PR327895731888

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Eileen M. Collins Offner
 Mailing Address 325 Seventh Street, NW
 Suite 700

 City State Zip Code
 Washington DC 20004-2818

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director Policy Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 08 31 2014

Transaction ID : PR327906131888

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Thomas J. Bonner FACHE

Mailing Address P.O. Box 679010

 City State Zip Code
 Austin TX 78767-9010

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 08 31 2014

Transaction ID : PR327983731888

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

203.88

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 79 OF 104
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Richard J. UmbdenstockMailing Address 325 Seventh Street, NW
Suite 700

City	State	Zip Code
Washington	DC	20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2014

Transaction ID : PR328132831888

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Barbara Lorsbach

Mailing Address 204 7th Ave

City	State	Zip Code
La Grange	IL	60525-6406

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Sr. Vice President, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2014

Transaction ID : PR328136931888

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Donna J. Melkonian

Mailing Address 5545 North Wayne

City	State	Zip Code
Chicago	IL	60640-1318

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2014

Transaction ID : PR328223831888

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

230.82

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 80 OF 104

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Ron O. Purcell

Mailing Address 1093 N. Faldo Way

City

Eagle

State

ID

Zip Code

83616-5369

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

08 / 31 / 2014

Transaction ID : PR328241431888

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Richard J. Pollack

Mailing Address 3475 North Venice Street

City

Arlington

State

VA

Zip Code

22207-4446

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Executive Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

08 / 31 / 2014

Transaction ID : PR328260931888

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Carolyn Forcina

Mailing Address 200 Clover Hill Court

City

Yardley

State

PA

Zip Code

19067-5736

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

08 / 31 / 2014

Transaction ID : PR328511831888

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

230.82

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 81 OF 104

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Alicia N. Mitchell

Mailing Address 1501 N. Harrison Street

City

Arlington

State

VA

Zip Code

22205-2726

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President, Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

08 / 31 / 2014

Transaction ID : PR328512031888

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. George Arges

Mailing Address One North Franklin St.

City

Chicago

State

IL

Zip Code

60606-4425

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Senior Director, Health Data Managemen

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

08 / 31 / 2014

Transaction ID : PR328641131888

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Anthony S Burke

Mailing Address 155 N Wacker Dr

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

08 / 31 / 2014

Transaction ID : PR328913331888

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

192.36

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Rebecca Chickey

Mailing Address One North Franklin Street

City

Chicago

State

IL

Zip Code

60606-4425

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

SPSA Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

08 / 31 / 2014

Transaction ID : PR329013431888

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Dr. John R. Combes

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

President & Chief Operating Officer, C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

08 / 31 / 2014

Transaction ID : PR329071331888

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Robyn L. Bash

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Executive Director, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.28

Date of Receipt

08 / 31 / 2014

Transaction ID : PR329084431888

Amount of Each Receipt this Period

97.28

P/R Deduction (\$48.64 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

212.70

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 83 OF 104

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. W. Thomas Deweese

Mailing Address 500 Interstate Boulevard South

City

Nashville

State

TN

Zip Code

37210-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

AHA Regional Executive

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

653.99

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	4		

Transaction ID : PR329215731888

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. John Evans

Mailing Address One North Franklin Street

City

Chicago

State

IL

Zip Code

60606-4425

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Senior Vice President & CFO

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

228.99

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	4		

Transaction ID : PR329342631888

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Patricia Meersman

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Senior Director Member Relations

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

327.08

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	4		

Transaction ID : PR330343331888

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

142.36

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Thomas Misfeldt

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

08 / 31 / 2014

Transaction ID : PR330411631888

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Maureen D. Mudron

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Deputy General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

08 / 31 / 2014

Transaction ID : PR330465231888

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Paul N. Muraca

Mailing Address 4960 138th Circle West

City

Apple Valley

State

MN

Zip Code

55124-9229

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

08 / 31 / 2014

Transaction ID : PR330475431888

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

180.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Gene O'Dell

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Strategic Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

08 / 31 / 2014

Transaction ID : PR330547731888

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Eileen O'Keefe

Mailing Address 172 Atteridge

City

Lake Forest

State

IL

Zip Code

60045-1715

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Constituency Section

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

08 / 31 / 2014

Transaction ID : PR330549231888

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Anthony Spohn

Mailing Address 3219 N. Oriole

City

Chicago

State

IL

Zip Code

60634-3232

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Executive Director, Associate Membersh

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

08 / 31 / 2014

Transaction ID : PR331098331888

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

153.90

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Debi H. Tucker Esq.

Mailing Address 1101 N. Kentucky Street

City

Arlington

State

VA

Zip Code

22205-3515

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, State Issues Forum

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2014

Transaction ID : PR331278831888

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Darlene S. Vanderbush

Mailing Address 26 West Glendale Ave.

City

Alexandria

State

VA

Zip Code

22301-2402

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Vice President, Operations - APP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2014

Transaction ID : PR331304231888

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Jo Ann WebbMailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Sr. Director Federal Relations & Polic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2014

Transaction ID : PR331379131888

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

142.36

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 OF 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Judy Weinsheimer

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 31 2014

Transaction ID : PR331386931888

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Dale Woodin

Mailing Address 800 W. Central Road

City State Zip Code
Arlington Heights IL 60005-2349

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Executive Director, ASHE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 31 2014

Transaction ID : PR331481331888

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Megan Cundari

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 31 2014

Transaction ID : PR518031931888

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

130.82

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Laura M. Werner

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Associate Director, Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

08 / 31 / 2014

Transaction ID : PR560101531888

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Ashley B. Thompson

Mailing Address 606 S. Royal St.

City Alexandria State VA Zip Code 22314-4142

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

08 / 31 / 2014

Transaction ID : PR766023731888

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Rochelle M. Archuleta

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.99

Date of Receipt

08 / 31 / 2014

Transaction ID : PR801366331888

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

142.36

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Lisa Kidder Hrobsky

Mailing Address P O Box 1278

City

Boise

State

ID

Zip Code

83701-1278

FEC ID number of contributing
federal political committee.

C

Name of Employer

Idaho Hospital Association

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2014

Transaction ID : PR876637231888

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

38.48

58622.57

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. California Healthcare Association PAC - Federal

Mailing Address 1215 K Street
Suite 800

City State Zip Code
Sacramento CA 95814

FEC ID number of contributing
federal political committee.

C C00237495

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 19 / 2014

Transaction ID : 21948352

Amount of Each Receipt this Period

25000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

25000.00

TOTAL This Period (last page this line number only)..... ►

25000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. TD Bank

Mailing Address 901 Seventh Street, NW

City
Washington

State Zip Code
DC 20001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1978.66

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 29 / 2014

Transaction ID : 21985915

Amount of Each Receipt this Period

232.43

Interest Earned

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

232.43

232.43

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Cantor For Congress

Mailing Address PO Box 17813

City
Richmond

State
VA

Zip Code
23226

FEC ID number of contributing
federal political committee.

C C00355461

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2975.00

Date of Receipt

08 / 13 / 2014

Transaction ID : 21944938

Amount of Each Receipt this Period

2975.00

Refund

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2975.00

2975.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Newtek Merchant Solutions

Mailing Address 744 N 4th Street

City Milwaukee State WI Zip Code 53203

Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
08 04 2014**Transaction ID : 21985916**

Amount of Each Disbursement this Period

92.26

Merchant Fees

Full Name (Last, First, Middle Initial)

B. PaymentechMailing Address 14221 Dallas Parkway
Building Two

City Dallas State TX Zip Code 75254

Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
08 05 2014**Transaction ID : 21985917**

Amount of Each Disbursement this Period

28.50

Merchant Fees

Full Name (Last, First, Middle Initial)

C. TD Bank

Mailing Address 901 Seventh Street, NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
08 15 2014**Transaction ID : 21985918**

Amount of Each Disbursement this Period

33.38

Bank Fee

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

154.14

154.14

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Hoyer For CongressMailing Address 700 13th Street, Nw
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution

Candidate Name

Rep. Steny H. HoyerOffice Sought: ☒ House
☐ Senate
☐ President
State: MD District: 05Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		12		2014

Transaction ID : 21944970

Amount of Each Disbursement this Period

4000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Perlmutter For CongressMailing Address 3440 Youngfield Street
#264

City Wheat Ridge State CO Zip Code 80033

Purpose of Disbursement
Contribution

Candidate Name

Rep. Edwin PerlmutterOffice Sought: ☒ House
☐ Senate
☐ President
State: CO District: 07Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		12		2014

Transaction ID : 21944971

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Bilirakis For Congress

Mailing Address PO Box 606

City Tarpon Springs State FL Zip Code 34688

Purpose of Disbursement
Contribution

Candidate Name

Rep. Gus M. BilirakisOffice Sought: ☒ House
☐ Senate
☐ President
State: FL District: 12Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		12		2014

Transaction ID : 21944972

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Nolan For Congress Volunteer Committee

Mailing Address PO Box 1041

City	State	Zip Code
Brainerd	MN	56401

Purpose of Disbursement
Contribution

Candidate Name

Rep. Richard Michael NolanOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		12		2014

Transaction ID : 21944974

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Walter Jones Committee

Mailing Address PO Box 3962

City	State	Zip Code
Greenville	NC	27836

Purpose of Disbursement
Contribution

Candidate Name

Rep. Walter B. Jones Jr.Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		12		2014

Transaction ID : 21944975

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Gene Green Congressional Campaign

Mailing Address PO Box 16128

City	State	Zip Code
Houston	TX	77222

Purpose of Disbursement
Contribution

Candidate Name

Rep. Gene GreenOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 29

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		12		2014

Transaction ID : 21944976

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Charles Boustany Jr. Md For Congress, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		19		2014

Mailing Address PO Box 80126

City	State	Zip Code
Lafayette	LA	70598

Transaction ID : 21948192Purpose of Disbursement
Void of 05/14 Check

011

Amount of Each Disbursement this Period

-500.00

Candidate Name

Rep. Charles W. Boustany Jr.Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 03

Void of 05/14 Check

Full Name (Last, First, Middle Initial)

B. Pioneer PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		19		2014

Mailing Address 499 South Capitol Street, SW
Suite 408

City	State	Zip Code
Washington	DC	20003

Transaction ID : 21948193Purpose of Disbursement
Void of 05/14 Check

011

Amount of Each Disbursement this Period

-1500.00

Candidate Name

Pioneer PACCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Void of 05/14 Check

Full Name (Last, First, Middle Initial)

C. Pioneer PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		19		2014

Mailing Address 499 South Capitol Street, SW
Suite 408

City	State	Zip Code
Washington	DC	20003

Transaction ID : 21948194Purpose of Disbursement
Void of 05/14 Check

011

Amount of Each Disbursement this Period

-1000.00

Candidate Name

Pioneer PACCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Void of 05/14 Check

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-3000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Charles Boustany Jr. Md For Congress, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		20		2014

Mailing Address PO Box 80126

City	State	Zip Code
Lafayette	LA	70598

Transaction ID : 21950545Purpose of Disbursement
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Charles W. Boustany Jr.Category/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: LA District: 03

Contribution

Full Name (Last, First, Middle Initial)

B. Pioneer PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		20		2014

Mailing Address 499 South Capitol Street, SW
Suite 408

City	State	Zip Code
Washington	DC	20003

Transaction ID : 21950546Purpose of Disbursement
2014 Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Pioneer PACCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

2014 Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Don Beyer

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		20		2014

Mailing Address 1751 Potomac Greens Drive

City	State	Zip Code
Alexandria	VA	22314

Transaction ID : 21950547Purpose of Disbursement
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Donald Beyer JrCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: VA District: 08

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 98 OF 104

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Friends Of David Jolly

Mailing Address P. O. Box 1158

City	State	Zip Code
Indian Rocks Beach	FL	33785

Purpose of Disbursement
Contribution

Candidate Name

David JollyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		20		2014

Transaction ID : 21950548

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Frederica S. Wilson For CongressMailing Address 19821 Nw 2nd Avenue
Box 354

City	State	Zip Code
Miami Gardens	FL	33169

Purpose of Disbursement
Contribution

Candidate Name

Rep. Frederica S. WilsonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 24

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		20		2014

Transaction ID : 21950549

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Tim Bishop For Congress

Mailing Address PO Box 437

City	State	Zip Code
Farmingville	NY	11738

Purpose of Disbursement
Contribution

Candidate Name

Rep. Tim BishopOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		20		2014

Transaction ID : 21950552

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 99 OF 104

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Pete King For Congress Committee

Mailing Address PO Box 1428

City Seaford	State NY	Zip Code 11783
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Purpose of Disbursement
Contribution

Candidate Name

Rep. Pete T. KingOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		20		2014

Transaction ID : 21950553

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Nita Lowey For Congress

Mailing Address PO Box 271

City White Plains	State NY	Zip Code 10605
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Purpose of Disbursement
Contribution

Candidate Name

Rep. Nita M. LoweyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		20		2014

Transaction ID : 21950554

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. New York Jobs PAC

Mailing Address P.O. Box 708

City Melville	State NY	Zip Code 11747
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Purpose of Disbursement
2014 Contribution

Candidate Name

New York Jobs PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		20		2014

Transaction ID : 21950556

Amount of Each Disbursement this Period

2000.00

2014 Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Off the Sidelines PAC

Mailing Address P.O. BOX 78182

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
2014 Contribution

011

Category/
Type

Candidate Name

Off the Sidelines PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	20	/	2014

Transaction ID : 21950557

Amount of Each Disbursement this Period

1000.00

2014 Contribution

Full Name (Last, First, Middle Initial)

B. Kathleen Rice For Congress

Mailing Address 410 Jericho Turnpike Suite 200

City
JerichoState
NYZip Code
11753Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Kathleen Rice

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: NY

District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	20	/	2014

Transaction ID : 21950559

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Dan Newhouse For Congress

Mailing Address PO Box 10949

City
YakimaState
WAZip Code
98909Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Daniel Newhouse

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: WA

District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	20	/	2014

Transaction ID : 21950560

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 102 OF 104

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Diana Degette For Congress

Mailing Address P.O. Box 61337

City	State	Zip Code
Denver	CO	80206

Purpose of Disbursement
Contribution

Candidate Name

Rep. Diana DeGetteOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: CO District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		29		2014

Transaction ID : 21985207

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Mccollum For Congress

Mailing Address P.O. Box 14131

City	State	Zip Code
St. Paul	MN	55114

Purpose of Disbursement
Contribution

Candidate Name

Rep. Betty McCollumOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: MN District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		29		2014

Transaction ID : 21985208

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Blaine Luetkemeyer for Congress

Mailing Address P.O. Box 25

City	State	Zip Code
Holts Summit	MO	65043

Purpose of Disbursement
Contribution

Candidate Name

Rep. Blaine LuetkemeyerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: MO District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		29		2014

Transaction ID : 21985209

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

42500.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 103 OF 104

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

McCarthy Hennings Whalen, Inc.

Nature of Debt (Purpose):
Independent ExpenditureMailing Address 1850 M Street, NW
Suite 235City State Zip Code
Washington DC 20036-5837

Outstanding Balance Beginning This Period

12008.60

Transaction ID : 22010877

Amount Incurred This Period

0.00

Payment This Period

12008.60

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►

0.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►